

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register No. 342 Primary Registration District No. 6232 Registrar's No. 20

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bridgeport</u>		Length of stay in 1b <u>80 yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If outside, give location) <u>Jonesburg</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Burton</u> Last <u>Cregar</u>		4. DATE OF DEATH Month <u>3</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/25/75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Indiana</u>	
13a. FATHER'S NAME <u>John Cregar</u>		13b. MOTHER'S MAIDEN NAME <u>Elizebeth Johns</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>22</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY SYNDROME</u> DUE TO (c) _____		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>DIABETES MELLITUS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jonesburg, Mo.</u>	
21. I attended the deceased from <u>MARCH 1959</u> to <u>MARCH 1963</u> and last saw him alive on <u>20 MARCH 63</u> Death occurred at <u>11:25</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>26 March 63</u>	
22a. SIGNATURE <u>Chittie Mae Daw</u>		22b. ADDRESS <u>Jonesburg, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/26/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24. FUNERAL DIRECTOR <u>C.A. Harding Jonesburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>MARCH 26, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl A. Henderson

Licensed Embalmer No. 4115

P. O. Address Jonesburg mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.